

# Work Order ID 147067

Tuesday, May 31, 2016 10:55:02 AM

**\*147067\***

Page 1

Item ID: D3802-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Windows Seal (\$ Per Foot)  
 Start Date: 6/3/2016 Start Qty: 50.00 **\*50\*** Cust Item ID:  
 Required Date: 6/17/2016 Req'd Qty: 50.00 **\*50\*** Customer:  
 Reference:

Approvals: Process Plan: MCS Date: MAY 31 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                  | Operation<br>Description                                                                                                                                 | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number   | Insp.<br>Stamp                              |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|--------------------|---------------------------------------------|
| <b>Draw Nbr</b>                                 | <b>Revision Nbr</b>                                                                                                                                      |                      |         |        |              |               |               |                    |                                             |
| D3802                                           | D                                                                                                                                                        |                      |         |        |              |               |               |                    |                                             |
| 100<br><b>*100*</b><br>Purchasing<br>Purchasing | PURCHASING<br><br>Memo<br>Issue P/O: <u>32575</u><br>Purchase Part Number: 93695K58<br>Supplier: Mc MASTER-CARR<br>Certificate of conformity is required | 0.00<br><br>0.00     |         |        |              | <u>50</u>     |               | <u>JUN 02 2016</u> | DAS<br>13<br><del>9-89</del>                |
| 110<br><b>*110*</b><br>Packaging<br>Packaging   | Receive & Inspect for Damage & Mat'l Certs<br><br>Memo<br>Ensure material certification is attached                                                      | 0.00<br><br>0.17     |         |        |              | <u>50</u>     |               | <u>sp 16-6-6</u>   |                                             |
| 120<br><b>*120*</b><br>QC<br>Quality Control    | QC6- Inspect dimensions to drawing<br><br>Memo<br>Ensure Material certification comply to Dwg D3802                                                      | 0.00<br><br>0.00     |         |        |              | <u>(50)</u>   |               |                    | DAS<br>38<br><del>9-89</del><br>JUN 07 2016 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |                                              |  |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                   |                                              |  |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QS1042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                              |  |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                   |                                              |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |                                              |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   | Completed By                                 |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   | Lead hand / Supervisor Approval Verification |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   | QC / QA Coordinator Approval                 |  |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |                                              |  |  |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Positioned Wrong     |  |                                                                                                                   |                                              |  |  |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Outside Dimensions   |  |                                                                                                                   |                                              |  |  |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Over/Under tolerance |  |                                                                                                                   |                                              |  |  |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Part Incorrect       |  |                                                                                                                   |                                              |  |  |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Lost/Missing    |  |                                                                                                                   |                                              |  |  |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Part Moved           |  |                                                                                                                   |                                              |  |  |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing              |  |                                                                                                                   |                                              |  |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Finish               |  |                                                                                                                   |                                              |  |  |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Misread              |  |                                                                                                                   |                                              |  |  |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Turning Sequence     |  |                                                                                                                   |                                              |  |  |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |                                              |  |  |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |                                              |  |  |  |

**Work Order ID 147067**

Tuesday, May 31, 2016 10:55:02 AM

**\*147067\***

Page 2

Item ID: D3802-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Windows Seal (\$ Per Foot)  
Start Date: 6/3/2016 Start Qty: 50.00 **\*50\*** Cust Item ID:  
Required Date: 6/17/2016 Req'd Qty: 50.00 **\*50\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                | Operation<br>Description                                       | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|-----------------------------------------------|----------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130<br><b>*130*</b><br>Packaging<br>Packaging | Identify as per dwg & Stock Location <u>5/4/16</u><br><br>Memo | 0.00<br><br>0.08     |         |        |              | <u>50</u>     |               |                  |                |
| 140<br><b>*140*</b><br>QC<br>Quality Control  | QC21- Final Inspection - Work Order Release<br><br>Memo        | 0.00<br><br>0.83     |         |        |              |               |               |                  |                |

JUN 08 2016

MCS

MCS JUN 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                       |  |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|-----------------------|--|-------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |  |                       |  |                                                 |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                    | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | QTY Effective : _____ |  | MRB (QS1042) Approval |  |                                                 |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition           |  |                       |  |                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                       |  | Completed By                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                       |  | Lead hand / Supervisor<br>Approval Verification |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                       |  | QC / QA Coordinator<br>Approval                 |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                       |  |                       |  |                                                 |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |  |                       |  |                                                 |

# Picklist Print

Tuesday, May 31, 2016 10:55:05 AM

Page 1

Work Order ID: 147067

**\*147067\***

Parent Item: D3802-1

**\*D3802-1\***

Parent Item Name: Windows Seal (\$ Per Foot)

Start Date: 6/3/2016

Required Date: 6/17/2016

Start Qty: 50.00

Required Qty: 50.00

**Comments:**

IPP Rev:A 09-01-12 rev.A as per dwg DD verified by:ec  
IPP Rev:B 09-04-15 rev.b as per dwg DD verified by:EC IPP Rev:C  
10.08.04 p/n chg per ECN10-568 DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

93695K58

Purchased

No

110

f

0.0000

1

50

**\*93695K58\***

**\*\***

50 50/6-6-6.

WINDOW SEAL

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

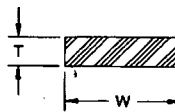
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause                                  |                          |                       | FAULT CATEGORY           |                        |                          |                                   |                          |                       |                          |                      |
|---------------------------------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process | <b>OTHER :</b> _____     |                        |                          |                                   |                          |                       |                          |                      |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due              |                          |                        |                          |                                   |                          |                       |                          |                      |

# SPECIFICATION CONTROL DRAWING



## D3802-X-YYY WINDOW SEAL WHERE YYY REPRESENTS LENGTH

| DART P/N    | SUPPLIER      | SUPPLIER P/N | T THICKNESS | W WIDTH |
|-------------|---------------|--------------|-------------|---------|
| D3802-1-YYY | McMASTER-CARR | 93695K58     | 0.25        | 1.00    |

EG: 0.25" X 1.00" X 40" WINDOW SEAL = D3802-1-040  
0.25" X 1.00" X 120" WINDOW SEAL = D3802-1-120

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 147067 MJS  
1605-31

RELEASED  
2011-11-25

### NOTES:

- 1) MATERIAL: 'PEEL AND STICK' NEOPRENE/EPT/SBR BLEND CLOSED CELL SPONGE, MEDIUM DENSITY
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: N/A

| D                                                                                                                                                                                                                                                                                                                                                                                                                                               | CORRECTED P/N EXAMPLE FOR CUT LENGTH OF 40".<br>ADDED EXAMPLE FOR CUT LENGTH OF 120" (N B3-1).<br>REASON: PAR11-100. | MB | 11.11.22 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----|----------|
| C                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHANGE SUPPLIER P/N TO 93695K58 PER FLAMMABILITY<br>TEST RESULTS                                                     | MB | 10.06.30 |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHANGE SUPPLIER P/N TO 93695K88 PER FLAMMABILITY<br>TEST RESULTS                                                     | MB | 08.12.16 |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                               | NEW ISSUE                                                                                                            | MB | 08.06.20 |
| REV.                                                                                                                                                                                                                                                                                                                                                                                                                                            | DESCRIPTION                                                                                                          | BY | DATE     |
| DESIGN                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |    |          |
| DRAWN                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |    |          |
| CHECKED                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |    |          |
| MFG. APPR.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |    |          |
| APPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |    |          |
| DE APPR.                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |    |          |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11.11.22                                                                                                             |    |          |
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>D3802</b> REV. D<br>TITLE <b>WINDOW SEAL</b> SCALE <b>NTS</b><br><small>COPYRIGHT © 2008 BY DART AEROSPACE LTD<br/> THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/> NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/> WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |                                                                                                                      |    |          |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO32575**

Purchase Order Date 6/2/2016

PO Print Date 6/2/2016

Page Number 2 of 6

**Order From :**

MCMaster-CARR SUPPLY CO,  
P.O. BOX 7690  
CHICAGO, IL 60680-7690  
US

VU-MCM001

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 330 995 5500

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Purolator ground ppd

**Ship Acct:**

**Buyer**

**Customer POID**

**Customer Tax #**

**Terms**

**Currency**

**FOB**

Chantal Lavoie

10127-2607

Net 10

USD

FCA - (Free Carrier)

**Line Total: \$6.66**

|   |         |                |                             |               |        |        |
|---|---------|----------------|-----------------------------|---------------|--------|--------|
| 4 | 7566K25 | TIE WRAP MOUNT | 6/6/2016<br>Yes<br>6/6/2016 | 50.00<br>Each | \$0.16 | \$8.12 |
|---|---------|----------------|-----------------------------|---------------|--------|--------|

AS PER DWG D3600 REV. A  
B147088

**Line Total: \$8.12**

|   |           |        |                             |               |        |         |
|---|-----------|--------|-----------------------------|---------------|--------|---------|
| 5 | 95606A170 | Washer | 6/6/2016<br>Yes<br>6/6/2016 | 50.00<br>Each | \$0.22 | \$10.79 |
|---|-----------|--------|-----------------------------|---------------|--------|---------|

AS PER DWG D3631 REV. A  
B147068

**Line Total: \$10.79**

|   |          |             |                             |            |        |         |
|---|----------|-------------|-----------------------------|------------|--------|---------|
| 6 | 93695K58 | WINDOW SEAL | 6/6/2016<br>Yes<br>6/6/2016 | 50.00<br>f | \$0.31 | \$15.40 |
|---|----------|-------------|-----------------------------|------------|--------|---------|

AS PER DWG D3802 REV. D  
B147067

8/16-6-16

**Note:**

6/2/2016





200 Aurora Industrial Pkwy  
Aurora OH 44202-8087  
330-995-5500  
cle.sales@mcmaster.com

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury ON K6A 1K7  
Canada  
Attention: Ian  
Chantal

Purchase Order  
**PO32575**  
Order Placed By  
**Chantal Lavoie**

Page 1 of 1  
06/02/2016

McMaster-Carr Number  
**4106070-01**

| Line | Product                                                                                                                                              | Ordered    | Shipped         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| 1    | <b>3408A59</b> Ball-Nose Spring Plunger with Stainless Steel Ball, Stainless Steel Body, with Element, 5/8"-11 Thread, 7-50 lb Nose Force            | 4<br>Each  | 4               |
| 2    | <b>1770A525</b> Cam Lock with Polished Nickel Finish, Keyed to C420A, 3/4" Diameter Hole, 7/64" Material Thickness                                   | 20<br>Each | 20              |
| 3    | <b>91525A120</b> Type 316 Stainless Steel Flat Washer, Oversized, 1/4" Screw Size, 0.281" ID, 1.000" OD, Packs of 25                                 | 1<br>Pack  | 1               |
| 4    | <b>7566K25</b> Cable Tie Mount, Adhesive/Fastener Mount, 4 Way, 0.21" Tie WD., White, Packs of 50                                                    | 1<br>Pack  | 1               |
| 5    | <b>95606A170</b> Nylon Flat Washer, 7/16" Screw Size, 0.500" ID, 0.688" OD, Off-White, Packs of 100, We Shipped 1 Pack To Meet Your Need For 50 Each | 1<br>Pack  | 1               |
| 6    | <b>93695K58</b> Oil-Rst Fire-Retardant Blended Buna-N Foam, 50 ft. Adhesive-Back Strip, 1/4" Thickness, 1" WD                                        | 1<br>Each  | 1 <i>8/6/66</i> |
| 7    | <b>59915K274</b> PTFE-Lined Stainless Steel Ball Joint Rod End, 3/8"-24 Right-Hand Male Shank, 3/8" Ball ID, 1-1/4" L Thread                         | 15<br>Each | 15              |
| 8    | <b>8612K61</b> ✓ Fabric-Reinforced Silicone Rubber Sheet, HT-Temperature, 24" X 36", 1/16" Thickness                                                 | 6<br>Each  | 6 ✓             |
| 9    | <b>7014A11</b> ✓ Easy I. D. Socket Holder, for 1/4" Square Drive, 1/8" - 5/8" Socket Size                                                            | 1<br>Each  | 1 ✓             |
| 10   | <b>7014A12</b> ✓ Easy I. D. Socket Holder, for 3/8" Square Drive, 1/4" - 1" Socket Size                                                              | 1<br>Each  | 1 ✓             |
| 11   | <b>7014A13</b> ✓ Easy I. D. Socket Holder, for 1/2" Square Drive, 3/8" - 1-1/4" Socket Size                                                          | 1<br>Each  | 1 ✓             |
| 12   | <b>7014A21</b> ✓ Easy I. D. Socket Holder, for 1/4" Square Drive, 4MM - 15MM Socket Size                                                             | 1<br>Each  | 1 ✓             |
| 13   | <b>7014A22</b> ✓ Easy I. D. Socket Holder, for 3/8" Square Drive, 6MM - 20MM Socket Size                                                             | 1<br>Each  | 1 ✓             |
| 14   | <b>7014A23</b> ✓ Easy I. D. Socket Holder, for 1/2" Square Drive, 10MM - 27MM Socket Size                                                            | 1<br>Each  | 1 ✓             |
| 15   | <b>90177A216</b> Zinc-Plated Steel Split Ring, 3/4" OD, 5/8" ID, Packs of 50 ✓                                                                       | 1<br>Pack  | 1               |

*CL16106103*

McMaster-Carr Supply Company  
200 Aurora Industrial Pkwy  
Aurora, OH 44202-8087 USA  
Phone: 330-995-5500 Fax: 330-995-9600  
E-Mail: cle.sales@mcmaster.com  
Employer Identification Number (EIN): 36-1458720

Invoice: 63090584  
Purchase Order: PO32575  
Release:  
McMaster-Carr Number: 4106070-01

ORIGINAL COMMERCIAL  
**INVOICE**  
CERTIFICATE OF ORIGIN

| Line | Description                                                                                                                                                                                                                        | Qty & Unit | Unit Price | Extension |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|
| 5    | 95606A170 Nylon Flat Washer, 7/16" Screw Size, 0.500" ID, 0.688" OD, Off-White, Packs of 100, We Shipped 1 Pack To Meet Your Need For 50 Each<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR | 1 PK       | \$10.79    | \$10.79   |
| 6    | 93695K58 Oil-Rst Fire-Retardant Blended Buna-N Foam, 50 ft. Adhesive-Back Strip, 1/4" Thickness, 1" WD<br><br>Country of Origin: United States<br>Schedule B #: 400811<br>ECCN #: EAR99 NLR                                        | 1 EA       | \$15.40    | \$15.40   |
| 7    | 59915K274 PTFE-Lined Stainless Steel Ball Joint Rod End, 3/8"-24 Right-Hand Male Shank, 3/8" Ball ID, 1-1/4" L Thread<br><br>Country of Origin: United States<br>Schedule B #: 848330<br>ECCN #: EAR99 NLR                         | 15 EA      | \$19.05    | \$285.75  |
| 8    | 8612K61 Fabric-Reinforced Silicone Rubber Sheet, HT-Temperature, 24" X 36", 1/16" Thickness<br><br>Country of Origin: United States<br>Schedule B #: 392099<br>ECCN #: EAR99 NLR                                                   | 6 EA       | \$71.55    | \$429.30  |
| 9    | 7014A11 Easy I. D. Socket Holder, for 1/4" Square Drive, 1/8" - 5/8" Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                              | 1 EA       | \$13.53    | \$13.53   |
| 10   | 7014A12 Easy I. D. Socket Holder, for 3/8" Square Drive, 1/4" - 1" Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                                | 1 EA       | \$13.88    | \$13.88   |
| 11   | 7014A13 Easy I. D. Socket Holder, for 1/2" Square Drive, 3/8" - 1-1/4" Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                            | 1 EA       | \$14.88    | \$14.88   |
| 12   | 7014A21 Easy I. D. Socket Holder, for 1/4" Square Drive, 4MM - 15MM Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                               | 1 EA       | \$13.53    | \$13.53   |
| 13   | 7014A22 Easy I. D. Socket Holder, for 3/8" Square Drive, 6MM - 20MM Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                               | 1 EA       | \$13.88    | \$13.88   |
| 14   | 7014A23 Easy I. D. Socket Holder, for 1/2" Square Drive, 10MM - 27MM Socket Size<br><br>Country of Origin: United States<br>Schedule B #: 392690<br>ECCN #: EAR99 NLR                                                              | 1 EA       | \$14.88    | \$14.88   |
| 15   | 90177A216 Zinc-Plated Steel Split Ring, 3/4" OD, 5/8" ID, Packs of 50<br><br>Country of Origin: United States<br>Schedule B #: 732620<br>ECCN #: EAR99 NLR                                                                         | 1 PK       | \$11.09    | \$11.09   |
|      | NOTE Tracking number(s) for this shipment:<br>633862424901                                                                                                                                                                         |            |            |           |

Number of Packages: 1

Page 2 of 2